

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		47	2/23/01
O.I.P.E. CLASSIFIER		1071	05/22/01
FORMALITY REVIEW	ST	995	02-27-01
RESPONSE FORMALITY REVIEW	Request		

INDEX OF CLAIMS

Rejected
 Allowed
 (Through numeral) Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	5/6/01
2	5/6/01
3	5/6/01
4	5/6/01
5	5/6/01
6	5/6/01
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9	5/6/01
10	5/6/01
11	5/6/01
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48	5/6/01
49	5/6/01
50	5/6/01

Claim	Date
Final	
Original	
51	6/1/01
52	6/1/01
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98	6/1/01
99	6/1/01
100	6/1/01

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions
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BEST AVAILABLE COPY

3885 U.S. PTO
09/17/05

ADDITIONAL

FORM

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